

# United States District Court

FIRST

DISTRICT OF MASSACHUSETTS

## SUMMONS IN A CIVIL ACTION

GERTRUDE GOROD

v.

CASE NUMBER:

MASSACHUSETTS GENERAL HOSPITAL

DR. WILLIAM BINDER

JAMES MCCARTHY

ERIK NORENKIA

SUSAN WARCHAL

DIPLOMAT

CARUSO MUSIC

LAWRENCE CARUSO

JAMES MCCARTHY

c/o MASSACHUSETTS GENERAL HOSPITAL

55 FRUIT STREET

BOSTON, MA 02114

05 - 10842 WGY

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

GERTRUDE GOROD  
P.O. BOX 856  
EVERETT, MA 02149

an answer to the complaint which is herewith served upon you, within TWENTY days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

SARAH J. DISTRICT CLERK

CLERK

BY DEPUTY CLERK

DATE

4-26-05

AO 440 (Rev. 1/80) Summons in a Civil Action

**RETURN OF SERVICE**

Service of the Summons and Complaint was made by me <sup>1</sup>	DATE
NAME OF SERVER (PRINT) UNITED STATES POSTAL SERVICE	TITLE
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____	
<input type="checkbox"/> Returned unexecuted: _____ _____	
<input checked="" type="checkbox"/> Other (specify): <u>certified mail see below</u> _____ _____	

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_ Date \_\_\_\_\_ Signature of Server \_\_\_\_\_  
 \_\_\_\_\_ Address of Server \_\_\_\_\_

7004 2510 0004 0155 5858

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

*James W. McCarthy*  
*c/o Mass. General Hospital*  
*55 Fruit Street*  
*Boston, Ma 02114*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <input checked="" type="checkbox"/> <i>E. J. Barnett</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Article Number  
 (Transfer from service label)

7004 2510 0004 0155 5858

PS Form 3800, January 2002

Domestic Return Receipt

400005 00-10

U.S. Postal Service <sup>TM</sup>	
<b>CERTIFIED MAIL<sup>®</sup> RECEIPT</b>	
(Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ 0.60	UNIT ID: 0149
Certified Fee 2.30	APR 26 2005
Return Receipt Fee (Endorsement Required) 1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)	Clerk: AK340M
Total Postage & Fees \$ 4.65	USPS
04/26/05	

Sent by *James W. McCarthy*  
*c/o Mass. General Hospital*  
*55 Fruit Street*  
*Boston, Ma 02114*

PS Form 3800, January 2002 See Reverse for Instructions